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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90062 012 \*\*\*150.00

DOCUMENT # P98000083645

1. Corporation Name

CORE RC CLUB GENERAL, INC.

Principal Place of Business

Mailing Address

~~601 Bayshore Boulevard~~  
~~Suite 960~~  
~~Tampa, Florida 33606~~

~~Same~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/98

2. Principal Place of Business

2a. Mailing Address

21 827 N 127th Street East

26 827 N 127th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State  
23 Wichita, KS

City & State  
28 Wichita, KS

Zip 67206 Country USA

Zip 67206 Country USA

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Andrew J. Lubrano  
101 East Kennedy Boulevard  
Suite 3700  
Tampa, Florida 33602

81 Name

Jonathan P. Jennewein

82 Street Address (P.O. Box Number is Not Acceptable)

101 East Kennedy Boulevard

83

Suite 3700

84

City

Tampa

FL

85

Zip Code  
33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

3/3/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD, ☐ DELETE  
NAME Kevin Daves  
STREET ADDRESS 827 N 127th Street East  
CITY-ST-ZIP Wichita, KS 67206

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

(316) 686-2290

Date

Daytime Phone #

CR2E034 (11/98)